



State of Connecticut
Department of Developmental Services

DDS

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Commissioner

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**DEPARTMENT OF DEVELOPMENTAL SERVICES TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE**

March 8, 2021

Senators Abrams, Somers and Hwang, Representatives Steinberg and Petit and members of the Public Health Committee. I am Jordan A. Scheff, Commissioner of the Department of Developmental Services (DDS). Thank you for the opportunity to testify on **S.B. No. 329 AN ACT CONCERNING A STRATEGIC PLAN TO ENHANCE SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITY.**

This proposed bill and its companion bill, **S.B. No. 328 AN ACT IMPROVING SERVICES FOR AND PROTECTING THE INTERESTS OF PERSONS WITH INTELLECTUAL DISABILITY**, contain the same three general provisions. The first being that the Department of Developmental Services (DDS) create a strategic plan to reduce the wait time for services for persons with intellectual disability. The second provision would require the Office of Policy and Management (OPM), and presumably DDS, to consult with stakeholders if there is a plan to close a DDS-operated facility. The third provision would require DDS to provide advanced notice to a person with intellectual disability whose eligibility to receive state-assisted care is to end.

While all three of these provisions appear to be well-intended DDS, has concerns with the lack of specificity in the bill's language and possible duplication of efforts, as DDS is already implementing many of the requirements contained in the three provisions.

Lines 1 through 4 of the bill require DDS to create a strategic plan to reduce wait times for services. Over the last two decades DDS has worked to move individuals into the community with appropriate, lower-cost services that have allowed more individuals to receive funding for their service needs. DDS has advanced new residential models that include Community Companion Homes, Continuous Residential Services, supervised apartments, supportive housing arrangements, IDASH (Intellectual Disabilities and Autism Spectrum Disorder Housing) supportive housing units integrated in larger developments, as well as in-home supports that allow an individual to live independently or in a family home. By using these lower cost models of residential services in place of more expensive group homes and larger congregate facilities, the department has been able to stretch residential funding to provide services for more persons on the residential waiting list.

If the intent of this section is to require DDS to substantially reduce its waiting list over the course of a couple of years then, as has happened in the past, waiting list initiative funding would need to be provided in the budget and annualized over the next several years. While previous waiting list funding initiatives have moved more than 100 individuals each time from the residential waiting list into

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residential services, there was a substantial infusion of new dollars to the DDS budget in order to actualize this transition. While these initiatives did reduce the numbers on the waiting list, it only reduced the waiting list numbers for a while and did not come close to eliminating the waiting list. In the Governor's proposed budget for FY 2022 & FY 2023, there is no waiting list initiative funding provided to DDS.

The second provision of the bill would require OPM and DDS to consult with stakeholders when DDS planned to close a state-run facility. This would include DDS-run group homes, regional congregate facilities and the Southbury Training School (STS). It is the department's established practice to consult with stakeholders when a DDS-run facility is planned to be closed as was the case when the Ella Grasso Center and the department's Meriden campus facility were closed. When DDS-run group homes and residences on the STS campus have been closed in the past, stakeholders including individuals and their families, employees, unions, and advocates were all consulted and notified. Their input was vital in making sure that individuals, who were being moved because of a closure, were able to find comparable, appropriate residential services. With employee and union input, DDS was able to reassign employees to other DDS-run residential programs that resulted in no employees being laid off. Any planned future closures of state-run facilities would include stakeholder consultation as has been DDS practice in previous planned closures.

The intent of the third provision is unclear as it references when the "eligibility" of an individual with intellectual disability ends. The department is unsure what type of "eligibility" the bill is referencing. If the end of an individual's services is because the individual or his or her legal representative has not yet reapplied for Medicaid and therefore is at risk of losing his or her waiver services, then DDS already has a system in place to notify these individuals through the DDS Medicaid Operations Unit and through the individual's case manager. DDS staff offer assistance to individuals who are reapplying for Medicaid eligibility, if the individual or his or her family need it.

If the third provision's intent is that an individual's services are ending because that person has been redetermined not to have intellectual disability, then I can assure you that this type of decision is extremely rare. Once a person is determined to have intellectual disability as defined in section 1-1g of the general statutes, substantive evidence would have to be provided that the person did not have intellectual disability prior to the age of 18. This would require that some substantive information that was not available at the time of initial determination had come to light. Even in the event that this new information was presented to the DDS Eligibility Unit, the individual would be notified that a redetermination hearing would be held at which the individual could present evidence refuting the claims. The individual would be able to exercise his or her UAPA hearing rights up to and including the right to challenge any redetermination decision in superior court.

Based on the language in this proposed bill, the agency believes that we currently have the resources and the systems in place to comply with its general provisions and have been doing what the bill would require as a matter of state agency best practices for the last several years. To this end, the department would recommend that neither of the proposed bills are necessary and, if passed, because of the vagueness of their requirements, would lead to confusion rather than clarity of the department's responsibilities.

Thank you again for the opportunity to testify on **Proposed [S.B. No. 329](#) AN ACT CONCERNING A STRATEGIC PLAN TO ENHANCE SERVICES FOR PERSONS WITH INTELLECTUAL DISABILITY**. Please contact Rod O'Connor, DDS Legislative Liaison, by e-mail at rod.oconnor@ct.gov or by text at 860-883-0727 with any questions.